Paper No. No. State	· 🗸 - 1	MISS	OU	RI D	IV I	SION OF HEALTH - STANDARD CERTIFICATE OF DEATH
PACE OF ALL COUNTY 1						Registration District No. 3/7: Primary Registration District No. 500 Registrat's No. 1870 STATE FILE NUMBER
SOUNT St. Louis COUNTY St. Louis	ON THIS STUB		AMEN	DED	1=	FILLD JUL 2 1987
AGORDAN CONTROL NO THE MANAGE OF BECAMED VALUE OF STATE O		 (a				STATE - b COUNTY St. LOUIS Admission
AGORDAN CONTROL NO THE MANAGE OF BECAMED VALUE OF STATE O	Rev. 4/59	2	11		1	OR NO THIS I LLY
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3 3 4 0 5 7 6 1 1 1 1 1 1 1 1 1		_ ப	1 1			HOSPITAL OR INSTITUTION Normandy Osteopathic Yes No D ADDRESS Yes No No 20
OT O O O O O O O O O O O O O O O O O O		-	11	+	1-	3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year
S. SKX 6. CQCO OR RACE 7. Married 8. Never Married 8. DATE OF BIRTH 9. AGE (But Dirinday) FUNDER 1 YEAR FUNDER 2 YEAR Wildowed Wildowed Diversed Diversed 3.1—1891 68 Months Deep Hours Min Min Months Deep Hours Min Min Months Deep Hours Min Months Deep Hours Min Min Min Months Min		-				Otto H Rottmann OF June 18, 1962
MAIL BALL STATE OF MAY AGAINS OF BUSINESS OF INDUSTRY 11. BIRTHACK (City and state or econtry) 12. CITIZEN OF WHAT COUNTRY MATTITE STATE STATE (CITY and STATE OF COUNTRY) 12. CITIZEN OF WHAT COUNTRY MATTITE STATE STATE (CITY and STATE OF COUNTRY) 12. CITIZEN OF WHAT COUNTRY MATTITE STATE STATE AGAIN ST. LOUIS, MO. USA St. Louis, Mo. USA St. Louis, Mo. USA St. Louis, Mo. USA Anthony Rottmann Is INAMED FORCES? (19. WAS EXCESSED EVER IN US. ARMED FORCES?) (19. WAS EXCESSED EVER IN US. ARMED FORCES.) (19. WAS EXCESS		-			-	5. SEX 6. COLOR OR RACE 7. Married Property Dispersed Description B. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Wildoward Description Dispersed Description Dispersed Description Descri
Martinery mosts of working life, own if refired in Frank Adam 7 0 00 00 00 00 00 00 00 00 00 00 00 00	5 /	_	1			Male White 2-4-1094 90
13. RAHER'S NAME 13. NAME OF HUSAND OR WIFE 14. NAME OF HUSAND OR WIFE 17. INFORMANT 17. INFORMANT 18. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 18. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 18. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 18. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 18. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 18. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 18. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 18. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. CAUSE OF BEAR WAS CAUSED BY: 18. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. WAS DECEASED EVER IN U.S. ARMED FORCES 18. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. WAS DECEASED EVER IN U.S. ARMED FORCES 18. WAS DECEASED EVER IN U.S. ARM	6	Ş		11		during, most, of working life, even if getired). Trank Adam
15. WAS DECRASED EVER IN U.S. ARMED FORCES: 9 33/N 10 Ves. The grunnown of the part of	7 0					3. FATHER'S NAME 13. NOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE
Conditions, if any, which gave itself the following classes condition given in PART II. O'DEATH CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal plant by the second was female was there a pregnancy in last 90 days. NO SECOND 19. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20s. DESCRIBE HOW INJURY OCCUPRED. (Enter nature of injury in PART II or PART II of item 18.) NO SECOND 20s. PLACE OF INJURY (e.g., in or about home, low, street, office bidg., etc.) 20s. NOTWING 20s. PLACE OF INJURY (e.g., in or about home, low, street, office bidg., etc.) 20s. NOTWING 20s. ACCIDENT 20s.	8 2_	1 !			1-	
10. CAUSE OF DEATH (Either only one cause per line for Joynan Land Causes by Institute of Constitution of Cons	9321	. 1 1				2
Indicated to the state of the				Į.	-	18. CAUSE OF DEATH (Enter only one cause per line for len ton, con, conser and Death PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
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which gave rise to above cause (a) stating the under-lying cause leads to the terminal part II. If deceased was female was disease condition given in PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days. 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20c. TIME OF Hour Month, Day, Year 20c. PLACE OF INJURY (a.g., in or about home, p.m. 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED 20d. INJURY		പഠൂമ			3	Condition if my > DUE TO (b) (b about the
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal three a pregnancy in last 90 days. 19. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.) 19. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.) 20c. TIME OF Hour Month, Day, Year INJURY (e.g., in or about home, p.m. 20d. INJURY OCCURRED. 20s. PLACE OF INJURY (e.g., in or about home, p.m. 20d. INJURY OCCURRED. 20s. PLACE OF INJURY (e.g., in or about home, p.m. 20d. INJURY OCCURRED. 20s. PLACE OF INJURY (e.g., in or about home, p.m. 20d. INJURY OCCURRED. 20s. PLACE OF INJURY (e.g., in or about home, p.m. 20d. INJURY OCCURRED. 20s. PLACE OF INJURY (e.g., in or about home, p.m. 20d. INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.) 20d. INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.) 20d. INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.) 20d. INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.) 20d. INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.) 20d. INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.) 20d. INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.) 20d. INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.) 20d. INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.) 20d. INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.) 20d. INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.) 20d. INJURY OCCURRED. (Enter nature of injury in PART II or Item 18.) 2		NSTE ST				which gave rise to above causa (a), stating the under-
NOT WHILE AT WORK 20e. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART 11 or PART 1		z		77	2	lying cause last.] DUE TO (c)
TO WAS AUTOPSY PERFORMED? 20c. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART 1 or PART 11 of item 18.) 20c. TIME OF Hour Month, Day, Year INJURY OCCURRED A.m. Do. D.					ATIO	disease condition given in PART I (a) there a pregnancy in last 90 days.
The state of the last saw her alive on the causes stated.					IFIC	
The state of the last saw her alive on the causes stated.		9			GE	PERFORMED?
The state of the last saw her alive on the causes stated.	Z	AME			DICAL	INJURY a.m.
Not white at work 21. I attended the deceased from Death occurred at 12:47 P. m on the date stated above, and to the best of my knowledge, from the causes stated. 22 SIGNATURE (Degree or fitle) 23a. BURFAL, CREMATION, 23b. DATE 23a. BURFAL, CREMATION, 23b. DATE 23b. ADDRESS 75 VO Natural 23d. LOCATION (City, town, or county) REMOVAL (Specify) Removal Mattin her fillating & Son, Inc., 2101 E. Fair Ave St. Louis, Missouri St. Louis, Missouri St. Louis, Missouri	BB K				₩.	
Death occurred at the best of my knowledge, from the causes stated. 22 Signature (Degree or sitle) 22b. ADDRESS 75 vo Natural Color 6-19-62	×				1	WHILE AT WORK farm, factory, street, office bidg., etc.) NOT WHILE AT WORK
Death occurred at the best of my knowledge, from the causes stated. 22 Signature (Degree or sitle) 22b. ADDRESS 75 vo Natural Color 6-19-62	ĕö⊞					21. I attended the deceased from, to, toand last saw him alive on
23a. BUBRAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) REMOVAL (Specify) June 20, 1962 Calvary Cemetery St. Louis, Missouri Attin Hermating & Son, Inc., 2101 E. Fair Ave 25. Date RECD. By Local REG. 26. NEGISTBAR'S SIGNATURE Math Hermating & Son, Inc., 2101 E. Fair Ave 25. Date RECD. By Local REG. Math Math Hermating & Son, Inc., 2101 E. Fair Ave 25. Date RECD. By Local REG. Math Math Hermating & Son, Inc., 2101 E. Fair Ave 25. Date RECD. By Local REG. Math Math Hermating & Son, Inc., 2101 E. Fair Ave 25. Date RECD. By Local REG. Math Math Hermating & Son, Inc., 2101 E. Fair Ave 25. Date RECD. By Local REG. Math Math Hermating & Son, Inc., 2101 E. Fair Ave 25. Date RECD. By Local REG. Math Math Math Hermating & Son, Inc., 2101 E. Fair Ave 25. Date RECD. By Local REG. Math Math Math Hermating & Son, Inc., 2101 E. Fair Ave 25. Date RECD. By Local REG. Math Math Math Math Math Math Math Math	= ×				ł	Death occurred at 12347. Pa m on the date stated above, and to the best of my knowledge, from the causes stated.
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Removal Specify June 20, 1962 Calvary Cemetery St. Louis, Missouri Atth Hermann & Son, Inc., Appress E. Fair Ave 6-19-60 St. Louis, Missouri St. Louis, 7, Missouri	F	1 2			_	avid (Tarras acc
Math Her Haring & Son, Inc., 2 Tol E. Fair Ave 25. Date RECO. By LOCAL REG. 26. Megistran's signature for the St. Louis, 7, Missouri 6-19-62 26. Megistran's signature for the		9			[] '	DEMOVAL (Specify)
St. Louis, 7, Missouri				4	Ţ,	ath Hermann & Son. Inc. 2161 E. Fair Ave 25. Date RECD. By LOCAL REG. 26. REGISTRAR'S SIGNATURE
		=		2	, I [_]	St. Louis, 7, Missouri

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STATEMENT, BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	Signed Wilford & Burnby
StudentSignature of Student Embalmer	
Signature of Student Empaimer	P. O. Address Hocus 1200

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.